

8. OPTIONAL FILER REFERENCE DATA: Acct # 2006019889

Record at the request of and when recorded return to:

2020-005253 Klamath County, Oregon

0025924220202020202020
00258312202000052530020020

Licenses/Licensor

Loanpal, LLC			0025831220200052530020020					
JCC FINANCING STATEMENT OLLOWINSTRUCTIONS	Γ ·	•	04/24/2020 12:48:04	I PM	Fee: \$87.0			
A. NAME & PHONE OF CONTACT AT FILER (C	optional)							
B. E-MAIL CONTACT AT FILER (optional)								
filings@loanpalsupport.com								
SEND ACKNOWLEDGMENT TO: (Name ar	nd Address)							
Loanpal, LLC PO Box 4387		\neg						
Portland, OR 97208								
1		1 1						
		THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY			
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 1b, leave all of item 1 blank, or	me (1a or 1b) (use exact, full nan		iate any part of the Debto	r's name); if any part of the I	ndividual Debtor's			
1a. ORGANIZATION'S NAME			an to or the calmiding 5	stement Addenount (Form C				
R 1b. INDIVIDUAL'S SURNAME		007.05000000			·			
Halvorsen		rst personal name Charles	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX			
MAILING ADDRESS		TY	STATE	POSTAL CODE	COUNTRY			
3305 Barnes Way	1	Clamath Falls	OR	97603-6992	USA			
2b. INDIVIDUAL'S SURNAME	FI	RST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX			
MAILING ADDRESS	C	TY	STATE	POSTAL CODE	COUNTRY			
SECURED PARTY'S NAME (or NAME of ASS	SIGNEE of ASSIGNOR SECURE	D PARTY): Provide only one Sec	ured Party name (3s or 3t	<u></u>	03/1			
38. ORGANIZATION'S NAME Loanpal, LLC								
3b. INDIVIDUAL'S SURNAME	le	RST PERSONAL NAME	Language		-1			
35.3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	[۴]	AST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX			
MAILING ADDRESS	CI	TY	STATE	POSTAL CODE	COUNTRY			
8781 Sierra College Boulevard		Roseville	CA	95746	USA			
COLLATERAL: This financing statement covers the All of the debtor's right, title and interbut not limited to rooftop solar panels brackets, roof mounted or ground mosecurity interest includes all warranties	est in the Photovoltaic So, solar roofing materials, unted racking systems, re	wall mounted batteries, st lated equipment, and add	and alone batteries,	inverters, cables and	wires, suppo			
. Check <u>only</u> if applicable and check <u>only</u> one box: Collab. a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufact	ateral is held in a Trust (see	UCC1Ad, item 17 and Instruction A Debtor is a Transmitting Utili	6b. Check <u>only</u> i	red by a Decedent's Persons f applicable and check only our of the control of the	one box:			
					see/Licensor			

Consignee/Consignor

UCC FINANCING STATEMENT ADDENDUM

FC	PLLOWINSTRUCTIONS							
9.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 15 was k	eft blank					
	9a. ORGANIZATION'S NAME							
OR								
0,	96 INDIVIDUAL'S SURNAME Halvorsen							
	FIRST PERSONAL NAME							
	Charles							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
				THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ONLY	
10.	DESTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	or Debtor name	that did not fit in	line 1b or 2b of the I	inancing :	Statement (Form UCC	1) (use exact, full name:	
	10a. ORGANIZATION'S NAME	mailing address	s in line 10c					
OR	10b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME			-				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		_ .				SUFFIX	
							SUFFIX	
10c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
			<u> </u>		<u> </u>	<u> </u>		
11.	ADDITIONAL SECURED PARTY'S NAME QT ASSIGN	NOR SECUE	RED PARTY'S	NAME: Provide	only <u>one</u> n	sme (11a or 11b)		
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX	
11c	MAILING ADDRESS	CITY	 -	· · ·	STATE	POSTAL CODE	COUNTRY	
					1			
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):					.		
13.	This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	44 750 500	******					
	REAL ESTATE RECORDS (if applicable)	I —	ANCING STATEM Brs timber to be cu		extracted of	colleteral X is file	d as a fixture filing	
15.	Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):		on of real estate:		axii actor (Scharter N 13 (her	as a lixidia tilling	
	arles Halvorsen	Count	y of: KLA	MATH				
			¢					
		Addre Real Es	ss of state: ³³⁰⁵ Ba	ırnes Way, Klama	ith Falls,	OR, 97603-6992		
		APN: R890567						
		KLAMATH MEADOWS EAST 1ST ADD, LOT 28						
17.1	MISCELLANEOUS:		···					
						·		